

**Indian Health Service  
SES Mid-Year Performance Progress Review**

	<b>STATUS</b>				
	C - Complete OT - On Target D - Delayed				
<b>EXECUTIVE'S NAME:</b> Christopher, Mandregan, Jr. MPH	N/A	C	OT	D	<b>POSITION TITLE:</b> Area Director, Alaska Area Office IHS
					<b>Status/Comments/Remarks:</b>
<b>A. Program Outcomes:</b>					
<b>A. PREVENTION</b>					
1. Build infrastructure and capacity to support implementation and evaluation of the Director's HPDP initiative by the end of FY05.			OT		The Alaska Area Office has verbally confirmed with the Alaska Native Tribal Health Consortium (ANTHC), which has compact responsibility to run most Area-wide IHS operational programs, that they will employ an individual to fulfill the HPDP Coordinator role (already hired by ANTHC). Final details and conditions are being prepared in an amendment to ANTHC's annual funding agreement (FA). The ANTHC HPDP coordinator already held a Wellness Champions Forum last Spring. The Area Deputy/CMO has already met with the ANTHC HPDP coordinator to discuss goals and objectives of the program and Area Office collaboration. FY04 HPDP funds sent from HQ were transferred to ANTHC. FY05 funds will be transferred upon completion of FA.
2. Apply earmarked dollars to fund cooperative agreements among AI/AN communities to build IP programs by the end of FY05.			OT		The Alaska Area has an interagency agreement with the National Institute of Occupational Safety and Health to pilot test a new occupational injury surveillance and investigation system. The Alaska Area distributes earmarked injury prevention dollars through Title V funding agreements.
<b>B. Quality Health Care</b>					
3. Maintain 100% accreditation of hospitals and clinics in FY05.	N/A				Three tribally managed hospitals in Alaska are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Four tribally operated rural hospitals are accredited as HRSA "Critical Access Hospitals". One Alaska tribal clinic is accredited by JCAHO and two Alaska tribal clinics are accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC).
4. Develop the EHR in FY04 to enable clinical practitioners to make safer more informed decisions and diagnoses. Deploy EHR in 20 facilities by Q4 FY05.			OT		The Alaska Area provided funding to the Maniilaq Association and the Tanana Chiefs Conference (TCC) to implement the Electronic Health Record (EHR) in their respective facilities. The Maniilaq Health Center has hired an EHR clinical applications coordinator, has created electronic records for all but one clinic, and has provided initial staff training. It is estimated that by April 25, 2005, the last clinic preparation will be finished (for laboratory), and the EHR system will come on line. The Chief Andrew Isaac Health Center (TCC) has the EHR up and running in some of its clinics.
5. Develop and deploy an interim behavioral health management information system software (GUI) to improve technology access, data trending and research capabilities by Q2 FY04.	N/A				Alaska tribes use an interim behavioral health management information system designed by the State of Alaska.
6. Develop and deploy the integrated behavioral health component of the EHR in FY05.				D	The Maniilaq Health Center does not intend to use the behavioral health EHR record to its full capacity because of privacy concerns.
7. Complete deployment of a standardized medication-error reporting system in Q4 FY04 as part of a comprehensive patient safety program. Develop a plan by the end of FY05 for deployment of a medical-error reporting system as part of a comprehensive patient safety program.	N/A				This indicator was not cascaded to A-D contract for 2005, since all hospitals and clinics are operated by 93-638 tribal organizations.
<b>C. DECREASING DISPARITIES</b>					
8. Develop the national suicide surveillance system for AI/AN by end of FY04 and deploy system by end of FY05. This drives programming and longer-term reduction of suicide.	N/A				The Maniilaq Association in Kotzebue has been using a suicide surveillance system funded by SAMSHA for several years. It is designed to be a proto-type for use by other Alaska tribes.
9. Develop strategies and tools to increase the capacity in AI/AN communities to increase the quality of care for chronic disease (e.g., diabetes, obesity, heart disease) regarding long-term care management, case management, and treatment management during FY05.			OT		New Title V funding agreement language, with national implications, was initially negotiated under the FY 2005 Alaska Tribal Health Compact. The new language enables a tribe to operate or pay for the services of a nursing home under its funding agreement with the IHS.
10. Design an injury data system in FY04 to track IP activities and projects in order to identify impact and results of activities and projects in AI/AN communities. Begin to implement system in FY05.			OT		The Alaska Native Tribal Health Consortium Injury Prevention Program has responsibility for the design and implementation of the injury data system in the Alaska Area. The Alaska Area has an intra-agency agreement with NIOSH to pilot test an occupational injury reporting system.

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<b>D. PARTNERSHIPS</b>					
11. Increase the number of HQ partnerships, alliances, and collaborations by 10% above FY03 in areas of disease prevention, health disparities, and health infrastructure by end of FY05.			OT		Tri-party agreements have been developed between the Denali Commission (DC), tribal health organizations and IHS in support of DC funding of the designs for new hospitals in Nome and Barrow. Coordination also occurs with DC on a routine basis to promote construction of rural health clinics in Alaska through provision of IHS Tribal Equipment funds for the required cost share match. We coordinate the Dept. of Transportation funding to design of a new parking structure for the Alaska Native Medical Center. For FY 2005 the Alaska Sanitation Facilities Construction Program has initiated partnerships with EPA, Dept. of Transportation, State of Alaska, and Dept. of AG Rural Development resulting in contributions of \$92,547,185.
12. Establish baselines for partnership, alliances and collaborations for each Area by end of FY04 and increase by 10% by the end of FY05.				D	We are working to standardize our counts of partnerships, alliances and collaborations with those of Ann French in IHS Headquarters.
<b>E. BUSINESS PRACTICE AND INFRASTRUCTURE</b>					
13. Validate all HQ and Area office location emergency management plans by the end of FY04. Develop and implement hospital and clinic emergency management plans by end of FY05.	N/A				This was not cascaded to the Alaska Area Director's performance for 2005, since all hospitals and clinics are operated by 93-638 tribal organizations. Area Office Emergency Management plans were written and validated by end FY04. Anecdotally, tribal organizations are active in development and implementation of emergency management plans, in collaboration with each other and the State of Alaska.
14. Exceed FY03 third party collections through collaboration with CMS.			OT		In accordance with the terms of the CMS/IHS mutual operating agreement, the Alaska Area Office maintains a list of facilities that are eligible for 100% federal medical assistance percentage (FMAP). During FY 2005 pre-negotiations, the Alaska Area continued to collaborate with Alaska Tribes, IHS Headquarters and the State of Alaska to define and minimize the impact of P.L. 93-638, Section 505 on the ability of tribes to collect 100% FMAP.
15. Ensure accountability for IHS business plan implementation during FY05.	N/A				This indicator was not cascaded to the Alaska Area Director's performance contract in 2005.
16. Establish a seamless infrastructure between HQ and Area offices by end of FY05 for development, transition, and contractual oversight of tribal administered programs so that IHS meets its responsibilities under the ISDA.			OT		During the FY 2004 negotiations and FY 2005 pre-negotiations, the Alaska Area and the IHS agency "ratifier" successfully removed from Title V funding agreements descriptions of programs, services, functions and activities that are not authorized to be included under P.L. 93-638, Title V, Section 505. This model was used to negotiate tribal funding agreements in other IHS Areas.
<b>F. ETHICS</b>					
17. Ensures employee awareness, training, compliance, discipline relative to ethics, financial disclosure, conflicts of interest, standards of conduct, political activity and procurement integrity requirements. Reviews and makes determination timely and accurately as to financial disclosure reports, employee requests for approval of outside activities, and other ethics clearance matters.			OT		The HHS 450 form was distributed earlier this year and completed. The Alaska Area Office completed the annual ethics training in January 2005.
<b>B. Management Outcomes:</b>					
<b>A. IMPLEMENT RESULTS - ORIENTED MANAGEMENT</b>					
1. Create results-oriented performance contracts for all IHS employees.			OT		Relevant sections of the Area Director's performance contract were cascaded to all employees.
2. Establish long-term outcome goals and annual target and report progress in achieving goals and targets in the annual performance budget.			OT		In April 2005, the Alaska Area consulted with tribes to set the FY 2007 health priorities through the IHS budget formulation process. GPRA orientation was sponsored by the Area Office in February 2005 with was also advertised as consultation with tribes on the selection of future GPRA indicators. Representatives of the Area Director meet with the Alaska "GPRA Pilot Project" Team on a quarterly basis, and pilot project members provide the quarterly CRS software reports that make up the Alaska Aggregate GPRA Report.
3. Achieve a 10% increase in program performance over the next 3 years.			OT		Area Office actively partners with tribal organizations in efforts to improve patient care practices, to increase awareness of training opportunities, to report outcome measures.

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<b>B. IMPLEMENT STRATEGIC HUMAN CAPITAL MANAGEMENT</b>					
4. Develop and implement succession plan. Meet identified goals, FY05 milestones and action items.				D	The Alaska Area develops and implements succession plan to the extent we are able in a compacted environment by reviewing and advising management how to put developmental positions in place with vacant positions. An important component of the plan is a review of each position within the Area, the position descriptions and associated duties. We recently sent out a request for proposals to contract a facilitator to assist with the development of the Plan.
5. Reduce average hiring time for all positions in IHS by 50% in FY05 - OPM target: 30 days SES; 45 days all other positions.			OT		The Alaska Area conducted a review of the vacancy folders, which indicate an average of eight days from the date candidate referral issued to the effective date of selection.
6. Implement streamlined EEO structure by September 30, 2005.			OT		The Alaska Area participates in the IHS EEO conference calls to keep the Area Director current on EEO reorganization.
7. Support new Departmental performance appraisal system for managers.			OT		Elements of new performance appraisal system, e.g. performance contracts, have been developed for Area Office Directors. Content is being integrated into other managers' appraisals as appropriate.
<b>C. IMPROVE GRANTS MANAGEMENT OPERATION AND OVERSIGHT</b>					
8. Replace the IHS grants legacy system, IGEMS, with GATES, by 09/30/05.	N/A				The Alaska Area Office does not participate in the IHS grants legacy system.
9. Post 3 grant applications on Grants.gov "Apply" and achieve 70 electronic application submissions by September 30, 2005.			OT		An Office of Tribal Programs (OTP) staff member participated in national "train the trainer." Other OTP staff will be briefed; plan will be developed for advertisement to tribes.
10. Decrease the number of sole source awards by 10%.	N/A				Sole sourcing awards are not applicable to the Alaska Area.
11. Submit corrective actions, in response to findings from Grant Program Review, to OGMP/ASAM within 45 days of issuance of final report.	N/A				This indicator requires the action of IHS Headquarters.
<b>D. COMPLETE THE COMPETITIVE SOURCING PROGRAM</b>					
12. Complete the FAIR Act Inventory and Reason Code A justifications to ASAM/OCS by April 29, 2005.		C			The FAIR Act Inventory and Reason Code A justifications were submitted to ASAM in March 2005.
13. Submit timely quarterly status reports to ASAM on FTEs transferred under ISDA awards.			OT		No Alaska Area positions have been transferred under ISDA awards in FY 2005, however two human resource positions were transferred to IHS Headquarters under the reorganization of the Commissioned Corps staff.
14. Respond to Tribal Governments' request for "outsourcing" IHS programs under ISDA awards within required statutory timeframe of 90 days.			OT		No requests were received by the Alaska Area Office within reporting period.
<b>E. IMPROVE INFORMATION TECHNOLOGY MANAGEMENT</b>					
15. Initiate implementation of products, services and policy directives yielded by the Enterprise Initiatives, as described in the HHS IT strategic 5-year plan.			OT		Performance based contract for IT services to continue development of Sanitation Facility Construction Management Information Resources is expected to be awarded in FY 2005. The Area is currently moving forward with an Interagency Agreement for a software licensure through the Center for Information Technology (NIH). Defense Finance Accounting System (DFAS), Quick Hire, eOPF, readiness completed Enterprise Human Resources Personnel System (EHRPS) is updated. eOPF project requires electronic review to be completed by May 1, 2005. All PSPDs received within report period have been implemented.
16. Improve FISMA security report for FY05, resulting in zero significant deficiencies and a 25% reduction in reportable conditions.			OT		Area Office does not have an IT person per se. We are in process of determining and applying appropriate aspects of FISMA within Area Office to achieve zero significant deficiencies and a 25% reduction in reportable conditions. Related HIPAA initiatives are thought to be the responsibility of our tribal organizations, operating under P.L. 93-638.
17. Implement automated patch management for 100% of commodity desktop computers and remove "administrator" rights from commodity PC users by September 30, 2005.			OT		Automated patch management is provided by the Alaska Native tribal Health Consortium (ANTHC) as part of domain management and computer support which we purchase from them. Administrator rights are not routinely configured for PC users.

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18. Implement and test continuity of operations and disaster recovery plans for all "major" systems.			OT		COOP for the Area Office has been written. Portions of the plan, i.e., telephone notification and activation activities have been tested in conjunction with local inclement weather, hurricane relief, Tsunami relief events.
19. Develop concept of operations for "major" systems by September 30, 2005.			OT		The Alaska Area addressed for contingencies in the Area Office COOP; further development will follow re-structure and refinement of major systems as part of local strategic planning.
<b>F. CONSOLIDATE MANAGEMENT FUNCTIONS AND ACHIEVE ADMINISTRATIVE EFFICIENCIES</b>					
20. Increase by a minimum of three, IHS initiation/participation in the consolidation of administrative services and functions.			OT		The Area purchases administrative supplies through the DHHS contract with Staples. Alaska Area human resources staff are participating in the initiation and implementation of all HR organizational consolidation efforts (e.g. centralization of Commissioned Corps support). The Area Office will consider consolidation of administrative services and functions as part of our work on strategic planning, to integrate with IHS initiatives.
21. Build on infrastructure provided enterprise information systems, e.g., UFMS.			OT		The Alaska Area has been designated by the San Francisco Office of the Department of Treasury as the first IHS facility within the region to implement the Secure Payment System (SPS). We are scheduled to go online on September 12 and we are currently assessing equipment needs. The implementation of this payment system will provide ample time to problem-solve and allow IHS to adopt new feeder requirements that will simplify UFMS integration. HR staff are scheduled to be trained on DFAS conversion the week of April 25th.
22. Fulfill HSPD requirements in implementing smart card security system.				D	The Alaska Area awaits more information on this initiative from IHS Headquarters.
<b>G. IMPROVE FINANCIAL MANAGEMENT</b>					
23. Continue preparation for UFMS implementation in IHS in FY07.			OT		In addition to the scheduled Secure Payment System implementation (MO.F.21 above), Area finance staff have attended UFMS-related training. We have attended the introductory navigation or "Bootcamp" session and also a highly informative session on general ledger. We have two employees scheduled to attend the "Bootcamp" session to be held later this month (April).
24. Address HHS improper payments by updating program risk assessments for three applicable IHS programs and develop a plan for estimating payment errors for those determined to be high risk.			OT		Alaska Area Finance staff established an ongoing review of Area payments to assure that there is a system of checks and balances throughout the process. As early as January 2005, we began a systematic review of all payment data prior to the point of certification. Also, we routinely provide tribal customers with a status of funds, prompting an additional review of transactional data. The HHS risk assessments report was developed at the agency level and has been submitted.
25. Reduce by 30% the # of audit cases over 1 year needing a mgmt. decision.			OT		The Alaska Area has an audit resolution team that assists the Senior Contracting Officer in completing the necessary actions on all audit results referred to the Area for action. Between October 1, 2004 and March 31, 2005, 73 audits have been resolved.
26. Take final action on audit mgmt. decisions and reduce by approx. 40%.			OT		The Alaska Area has an audit resolution team that assists the Senior Contracting Officer in completing the necessary actions on all audit results referred to the Area for action. Between October 1, 2004 and March 31, 2005, 73 audits have been resolved.
27. Support HHS consolidation of business (admin. management) systems.			OT		The Alaska Area IHS established a regional acquisition board with Portland and California IHS Areas and have identified shared functions. The shared functions are: 1) The review board established to review contracts of \$500,000 to \$1,000,000 threshold; 2) Provide California with example(s) and authority for awarding Urban Contracts with a base and four option years; 3) Reduce closeouts for the Alaska Area acquisitions in DCIS System; 4) California and Portland will backup the Senior Contracting Officer in Alaska; 5) Reduce the number of audits over six (6) months old by 50% by 9/30/2005; and 6) Reduce disallowed cost identified in audits by 40% by 9/30/2005. The Area HR Office provides assistance to the Portland and California Area HR Offices and staff within the Alaska Area have obtained assistance from the Portland HR. The Acquisitions staff attended the planning session on regionalizing the function and in fact has already received assistance from both the Portland and California Area Acquisitions staff. The Area Director participates as a member of the Acquisitions Regionalization Workgroup.
<b>H. IMPROVE REAL PROPERTY ASSET MANAGEMENT</b>					
28. For FY05 Building and Facilities (B&F) Program, deliver all line-item projects within 100% of submitted OMB/Congressional budget. Deliver 90% of all line-item projects within submitted OMB/Congressional scope. Remaining projects will be within + or - 10% of OMB Congressional scope.			OT		The site acquisition process is underway for the new Barrow Hospital and the A/E selection is underway. Construction of the new Health centers and staff quarters at St. Paul and Metlakatla is underway at this time. Both construction projects are under contract and are within the federal funds available.

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29. Facility Project Approval Agreements will be approved by Sept 30, 2005, by OS, for 80% of FY 06 projects budgeted for planning/design with construction budgeted in subsequent year(s) and 90% of FY 06 projects budgeted construction.			OT		The Facility Project Approval Agreements (FPAA) has been signed for Barrow Hospital which is in the planning/design phase. Construction of St Paul and Metlakatla health facilities began before the FPAA process was instituted.
30. Report facility utilization for at least 60% of IHS facilities using metrics consistent with Federal Real Property Council customized for HHS.	N/A				Facility utilization will be reported when the metrics to define this performance objective have been provided by the Federal Real Property Council.
31. Ensure facility condition assessment is current on 85% of facilities.			OT		Facility condition assessments have been completed on more than 85% of the federally owned IHS facilities in Alaska within the last 5 years.
32. Assess 90% of IHS facilities for mission criticality/dependency. Identify excess facilities and develop a disposal strategy.	N/A				Mission criticality/dependency will be assessed for at least 90% of IHS facilities when the metrics to define this performance objective have been provided by the Federal Real Property Council.
33. Identify historic real property by 7/30 for HHS Historic Preservation Report.			OT		A consultant has been hired to prepare a report which identifies IHS historic real property. It is expected this report will be complete by 7/30/05.
34. Inventory at least 95% of IHS properties.			OT		All of the IHS properties in Alaska have been inventoried. A physical inventory of 95% of the real property will be inspected by September 30, 2005
<b>I. ACHIEVE EFFICIENCIES THROUGH HHS-WIDE PROCUREMENTS</b>					
35. Increase IHS use of the PSC consolidated procurements by at least 40%.			OT		The Alaska Area buys all supplies through the DHHS contract awarded to Staples.
36. Use PSC consolidated purchasing mechanism to purchase 100% of commodity desktop PC's beginning no later than July 1, 2005.	N/A				The PSC consolidated purchasing mechanism is not available to the Alaska Area.
37. Meet the HHS Small Business Contracting Goal established for IHS.	N/A				All acquisitions in the Alaska Area IHS are set aside for small business contracting.
<b>J. CONDUCT PROGRAM EVALUATIONS AND IMPLEMENT CORRECTIVE ACTIONS FOR ANY DEFICIENCIES IDENTIFIED</b>					
38. Implement systematic approach to program self-assessment, in support of the HHS program evaluation initiative.			OT		The Alaska Area has downsized from over 300 FTE's in the early 1990's to our current size of 37. Twenty two positions are federal residual and the remaining are transitional federal. The setting that the Alaska Area operates in continues to change. The Alaska Area is currently reviewing proposals from facilitators, one of which will assist us in our strategic planning efforts.
39. Systematically track and implement PART recommendations through the performance budget process.			OT		The Alaska Area sponsored GPRA orientation and CRS software training for 24 tribal individuals in February 2005. The Area Director hosted the OMB PART examiner (assigned to IHS accounts) and accompanied her to various tribal sites with the State of Alaska during April 2005. Although the work performed by the Area has only an indirect impact on linking budget and performance, we process funding agreement amendments and payments, including funding for the GPRA pilot project in Alaska. The Alaska Area has submitted two quarterly GPRA reports for FY 2005.
40. Make one or more important organizational improvements to address gaps identified in FY03 balanced scorecard surveys of IHS procurement offices and report progress.					Clarification regarding this element from DAP, IHS is pending. "Improving communications" will likely be the focus of this activity.